

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street
Sacramento, CA 95814



September 16, 1974

ALL-COUNTY LETTER NO. 74-177

TO: ALL COUNTY WELFARE DIRECTORS
COUNTY AUDITORS
WELFARE FISCAL SUPERVISORS

SUBJECT: ADMINISTRATIVE EXPENSE CLAIM FORMS

REFERENCE:

Due to various changes in State and Federal legislation, it has been necessary to revise certain portions of the Quarterly Administrative Expenditure Claim. The following list indicates the revision dates of the forms required beginning with the July through September, 1974, claim. The revision date of the form is located in the lower left-hand corner next to the DFA number. All of these forms, if applicable, must be submitted to the State as an integral portion of the claim.

<u>Form</u>	<u>Revision Date</u>
DFA 323	8/74
DFA 47	2/74
DFA 403	2/74
DFA 325.1	2/74
DFA 325.2	2/74
DFA 325.3	2/74
DFA 327.1	8/74
DFA 327.2	8/74
DFA 327.3	8/74
DFA 327.4	8/74
DFA 327.5	2/74
DFA 327.6	8/74
DFA 327.7	8/74
DFA 327.8	8/74

All counties will receive an initial distribution of the forms with an 8/74 revision date. Other forms may be ordered through the normal supply channels.

OBSOLETE

Superseded by ACL # 77-15

GEN 654 (2/74)

Issued 3-17-77

If any questions arise, please contact Bobi Gould or Dick Lowry at 916/445-7046.

Sincerely,



WILLIAM J. WURTZ
Deputy Director

cc: CWDA